

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street)

801 PENNSYLVANIA AVENUE

SUITE 245

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20004

2604

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00002261

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Karen Conwell Smith

Signature of Treasurer

Electronically Filed by Mrs. Karen Conwell Smith

Date

10

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		16586.60
(b) Cash on Hand at Beginning of Reporting Period	76556.94	
(c) Total Receipts (from Line 19)	8194.42	294248.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84751.36	310834.73
7. Total Disbursements (from Line 31)	50541.95	276625.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34209.41	34209.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7033.34	199638.38
(ii) Unitemized	750.00	58491.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7783.34	258130.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7783.34	280630.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	411.08	11618.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8194.42	294248.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8194.42	294248.13

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	264963.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	41.95	11662.02	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50541.95	276625.02	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50541.95	276625.02	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7783.34	280630.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7783.34	280630.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Federation of American Hospitals - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW
Suite 245City State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11618.07

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 31527129

Amount of Each Receipt this Period

411.08

Bank Fee Reimbursement

SUBTOTAL of Receipts This Page (optional) ▶

411.08

TOTAL This Period (last page this line number only) ▶

411.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Alan B Miller

Mailing Address 57 Crosby Brown Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health Services,
Inc

Occupation

Chairman & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 31583755

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Robert Halinski

Mailing Address 101 Hedgerow Way

City

Lansdale

State

PA

Zip Code

19446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health Services,
Inc

Occupation

Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31717476

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Rivers

Mailing Address 1553 Vandagriff Way

City

Corona

State

CA

Zip Code

92883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corona Regional Medical
Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31717486

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

5650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kent Clayton

Mailing Address 3 Turtle Bay Drive

City

Newport Beach

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Placentia - Linda Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31717488

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Neil Hemphill

Mailing Address 401 Oakleigh Hill

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Health Services

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31717489

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jayne Chambers

Mailing Address 1256 Kensington Rd

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
Vice President Legislation & Public Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31725184

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)

1043.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City

Arlington

State

VA

Zip Code

22205-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31725185

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City

Arlington

State

VA

Zip Code

22207-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31725186

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City

Little Rock

State

AR

Zip Code

72211

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
SVP Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31725187

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

118.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31725188

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jayne Chambers

Mailing Address 1256 Kensington Rd

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation

Vice President Legislation & Public Af

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31907373

Amount of Each Receipt this Period

43.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City

Arlington

State

VA

Zip Code

22205-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation

Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31907374

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City

Arlington

State

VA

Zip Code

22207-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31907375

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City

Little Rock

State

AR

Zip Code

72211

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
SVP Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31907376

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAH

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31907377

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

106.67

TOTAL This Period (last page this line number only)

7033.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
The Marchant-Sessions Joint Committee

Mailing Address 17010 Esquire Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31520633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31520636

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name
Committee for the Preservation of Capitalism (CPC)

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31522577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Forward Together</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31522579</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>09</div></div> <div><div>D</div><div>16</div></div> <div><div>Y</div><div>2009</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MIKE R Fund (Maj. Initiative to Keep Electing Rep)</p> <p>Mailing Address P.O. Box 65796</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31522581</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>09</div></div> <div><div>D</div><div>16</div></div> <div><div>Y</div><div>2009</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Fortney Peter Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 13</p>	<p>Transaction ID: 31522583</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>09</div></div> <div><div>D</div><div>16</div></div> <div><div>Y</div><div>2009</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

PATPAC (Preserving America's Traditions PAC)

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31522585

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Martin Heinrich For Congress, Inc.

Mailing Address 2118 Central Avenue Se
#71

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement

Candidate Name
Rep. Martin Heinrich

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 01

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31522586

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name
Rep. Mary Bono Mack

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 45

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31522587

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Michael J. Rogers

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 31522588

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John Barrow

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 31522590

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Hoosiers For Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Baron Hill

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 31725202

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Zack Space For Congress Committee

Mailing Address 726 Sixteenth Street Ne

City State Zip Code
Massillon OH 44646

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Zachary T. Space

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 31725203

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Berkley For Congress

Mailing Address 3069 Conquista Court

City State Zip Code
Las Vegas NV 89121

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: 31725205

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Trey Grayson

Mailing Address PO Box 175726

City State Zip Code
Ft Mitchell KY 41017

Purpose of Disbursement

011
Category/
Type

Candidate Name
C Grayson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 31725206

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City
JanesvilleState
WIZip Code
53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 01

Transaction ID: 31725207

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City
SeattleState
WAZip Code
98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

Transaction ID: 31725208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Enzi For Us Senate

Mailing Address PO Box 2775

City
CodyState
WYZip Code
82414

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael B. Enzi

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY

District:

Transaction ID: 31725209

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City
FreedomState
PAZip Code
15042

Purpose of Disbursement

Candidate Name
Mr. Jason AltmireOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 31725211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31725212

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City
AkronState
OHZip Code
44313

Purpose of Disbursement

Candidate Name
Rep. Betty S. SuttonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: 31725213

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

50500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City
WashingtonState
DCZip Code
20004

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 31725008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

41.95

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

41.95

TOTAL This Period (last page this line number only)

41.95